

Office of Administration

REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: Alternatives to Abortion

Contractor: Alliance for Life

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
4-10-17	4 tires including valve stems, disposal, and state tire tax Labor	\$310.00 \$58.00	<p data-bbox="1130 823 1339 1020">[REDACTED] has been and A2A client since 1-16. She has completed numerous classes and has followed through on appointments and requirements of the A2A program. She is in need of 4 new tires on her [REDACTED]</p>
Amt to be reimbursed		\$368.00	<p data-bbox="1130 1024 1339 1345">[REDACTED] so she can safely and reliable get to work, and classes. One tire has a large bulge and the others are almost bald. There are no other funding sources to assist with this expense.</p>

The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Authorized person requesting purchase: Janet Doss

Alliance for Life Program Manager: Carrie Hoelscher

Purchase is Approved Denied A2A Signature

Reason for denying purchase:

Reason for denying purchase: _____

Reason for denying purchase: _____ *(Signature)* _____

